

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/31/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155272		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/09/2011	
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-CASTLETON				STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN46250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for Investigation of Complaints IN00086031 and IN00086609.</p> <p>Complaint IN00086031- Substantiated Federal/State deficiencies related to the allegations are cited at F246 and F253.</p> <p>Complaint IN00086609- Substantiated with no deficiencies related to the allegations cited.</p> <p>Survey dates: March 8, 9 2011</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Survey team: Chuck Stevenson, RN</p> <p>Census bed type: SNF/NF: 142 Total: 142</p> <p>Census payor type: Medicare: 37 Medicaid: 79 Other: 26 Total: 142</p> <p>Sample: 5</p>			F0000	<p>To Whom It May Concern:Pleas accept the following Plan of Correction related to the survey completed March 9 ,2011. We request a desk review.Thanks,Matt WyssExecutive Director</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2. Quality review completed on March 14, 2011 by Bev Faulkner, RN						

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F0246 SS=E	<p>Based on record review and interview, the facility failed to provide a comfortable environment by not providing an adequate supply of hot water for comfortable bathing and personal care for 4 residents in 2 rooms (Residents C and F in room 232, Residents D and E in room 235) of 4 residents reviewed for comfortable water temperatures in a potentially affected population of 142.</p> <p>Findings include:</p> <p>1. An undated facility document titled "Water Temperatures" provided by the Maintenance Director on 3/09/11 at 2:30 p.m. and indicated to be the facility's procedure for checking and recording water temperatures indicated:</p> <p>"Water Temperatures:...Measure water temperature randomly and record same...Ideal temperature is 110 to 120 Degrees..."</p> <p>2. The record of Resident C was reviewed on 3/09/11 at 2:10 p.m.</p> <p>Diagnoses included, but were not limited to, paraplegia, debility, and a history of bilateral above the knee amputations.</p> <p>An admission Minimum Data Set</p>			F0246	<p>This serves as the Allegation of Compliance for Kindred Transitional Care & Rehabilitation Center-Castleton for the recent complaint survey dated 03/09/11. Kindred Transitional Care & Rehabilitation Center-Castleton asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of action. The staff of Kindred Transitional Care & Rehabilitation Center-Castleton is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred Transitional Care & Rehabilitation Center-Castleton is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey. The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. F246 The Resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual</p>		03/28/2011

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	<p>(M.D.S.) assessment,t dated 2/04/1,1 indicated Resident C had no cognitive or communication deficits, was bed bound, and required staff assistance for all activities of daily living.</p> <p>A review of nurse's notes from admission to 3/09/1,1 indicated Resident C was alert, oriented, and able to make his wants and needs known.</p> <p>Resident C was interviewed on 3/09/11 at 9:05 a.m., and again on 3/09/11 at 1:40 p.m. He indicated that when he received bed baths the water was "often-at least once a week" too cool for comfort. He indicated that when he told the aide this, she indicated "that's as warm as it's going to get."</p> <p>3. The record of Resident D was reviewed on 3/09/11 at 10:45 a.m.</p> <p>Diagnoses included, but were not limited to, hypertension, coronary artery disease, and multiple sclerosis.</p> <p>A review of nurse's notes from admission to 3/09/11 indicated Resident D was alert, oriented, and able to make her wants and needs known.</p> <p>Resident D was interviewed on 3/09/11 at</p>				<p>or other residents would be endangered. I. How corrective action will be accomplished for those affected. Residents C,D,E & F will be offered bed bath water that is comfortable for them. II. How corrective action will be accomplished for those residents having potential to be affected. The Maintenance Supervisor or designee will make random daily water temperature round audits of Resident and shower rooms to assure the Facility water temperatures are within a safe and comfortable range. The Maintenance Supervisor or designee will review findings with the Administrator weekly and corrective action will be implemented as indicated. III. What measures will be put in place/systemic changes made to ensure correction. The SDC or designee will inservice CNA's on bed bathing procedure. This training will include water temperature preference for bedside Resident bathing. The SDC or designee will inservice CNA's on completion of bed bath procedures during general orientation. IV. How the facility plans to monitor its performance to make sure those solutions are sustained. The Maintenance Supervisor will monitor through environmental rounds on a random daily basis to assure that the facility's water temperature are maintained between 110 to</p>		

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	<p>9:00 a.m., and again on 3/09/11 at 1:45 p.m. She indicated she was able to ambulate to the bathroom and take care of her personal needs. She stated "There's never enough hot water. It's lukewarm all the time. I told them but they don't do anything." She was unable to recall who she had told about this problem. She indicated using lukewarm water for care was uncomfortable.</p> <p>4. The record of Resident E was reviewed on 3/09/11 at 11:30 a.m.</p> <p>Diagnoses included, but were not limited to, a history of cerebral vascular accident (stroke), hypertension, and diabetes mellitus.</p> <p>A review of nurse's notes from admission to 3/09/11 indicated Resident E was alert, oriented, and able to make her wants and needs known.</p> <p>Resident E was interviewed on 3/09/11 at 9:00 a.m., and again on 3/09/11 at 1:45 p.m. She indicated she was able to ambulate to the bathroom and take care of her personal needs. She stated, "The water in the bathroom is always cool. There's never really hot water." She indicated using lukewarm water for care was "unpleasant."</p>				<p>120 degrees Fahrenheit. The data will be reviewed monthly for 3 months and then quarterly at the Performance Improvement Committee Meeting. The Administrator is responsible for the overall compliance. Resident Council meetings held monthly will be used to monitor performance. V. Completion Date: 3/28/2011</p>		

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	<p>5. The record of Resident F was reviewed on 3/09/11 at 2:30 p.m.</p> <p>Diagnoses included, but were not limited to, diabetes mellitus, paraplegia, hypertension, a history of multiple pressure sores, and bilateral above the knee amputations.</p> <p>A review of nurse's notes from admission to 3/09/11 indicated Resident E was alert, oriented, and able to make his wants and needs known.</p> <p>Resident F was interviewed on 3/09/11 at 1:40 p.m. He indicated he was bed bound and relied on staff to give him bed baths. He indicated the water used for his bath was often "cool or warm at best." He indicated that if he received his bath early in the morning, "by 6:00 or 6:30 or so" the water would be hot, but "if it's after 11:00 or 11:30 it's going to be cold." Resident F indicated a warm bath helped him "feel better all over."</p> <p>This Federal tag relates to Complaint IN00086031.</p> <p>3.1-3(v)(1)</p>						

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F0253 SS=E	<p>Based on observation, record review, and interview, the facility failed to provide a comfortable environment by not providing an adequate supply of hot water (110 degrees or greater) for 4 residents in 2 rooms with water temperatures testing below 110 degrees (Rooms 136 and 238); and failed to provide adequate hot water temperatures for 4 residents in 2 rooms (Residents C and F in Room 232 and Residents D and E in Room 235) of 4 residents interviewed for comfortable water temperatures in a potentially affected population of 142.</p> <p>Findings include:</p> <p>1. An undated facility document titled "Water Temperatures" provided by the Maintenance Director on 3/09/11 at 2:30 p.m. and indicated to be the facility's procedure for checking and recording water temperatures indicated:</p> <p>"Water Temperatures:...Measure water temperature randomly and record same...Ideal temperature is 110 to 120 Degrees..."</p> <p>2. During an environmental tour on 3/09/11 beginning at 8:40 a.m., with the Administrator and Maintenance Director, Rooms #136 and #238 were found to have</p>			F0253	<p>This serves as the Allegation of Compliance for Kindred Transitional Care & Rehabilitation Center-Castleton for the recent complaint survey dated 03/09/11. Kindred Transitional Care & Rehabilitation Center-Castleton asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of action. The staff of Kindred Transitional Care & Rehabilitation Center-Castleton is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred Transitional Care & Rehabilitation Center-Castleton is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey. The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. F253The Resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual</p>		03/28/2011

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	<p>a maximum sustained hot water temperature of 102 degrees. Both the Administrator and Maintenance Director indicated the minimum hot water temperature should be 110 degrees. Two residents resided in each room.</p> <p>3. The record of Resident C was reviewed on 3/09/11 at 2:10 p.m.</p> <p>Diagnoses included, but were not limited to, paraplegia, debility, and a history of bilateral above the knee amputations.</p> <p>An admission Minimum Data Set (M.D.S.) assessment,t dated 2/04/11, indicated Resident C had no cognitive or communication deficits, was bed bound, and required staff assistance for all activities of daily living.</p> <p>A review of nurse's notes from admission to 3/09/1,1 indicated Resident C was alert, oriented, and able to make his wants and needs known.</p> <p>Resident C was interviewed on 3/09/11 at 9:05 a.m., and again on 3/09/11 at 1:40 p.m. He indicated that when he received bed baths the water was "often-at least once a week" too cool for comfort. He indicated that when he told the aide this, she indicated "that's as warm as it's going</p>				<p>or other residents would be endangered. I. How corrective action will be accomplished for those affected. Residents C,D,E & F will be offered bed bath water that is comfortable for them. II. How corrective action will be accomplished for those residents having potential to be affected. The Maintenance Supervisor or designee will make random daily water temperature round audits of Resident and shower rooms to assure the Facility water temperatures are within a safe and comfortable range. The Maintenance Supervisor or designee will review findings with the Administrator weekly and corrective action will be implemented as indicated. III. What measures will be put in place/systemic changes made to ensure correction. The SDC or designee will inservice CNA's on bed bathing procedure. This training will include water temperature preference for bedside Resident bathing. The SDC or designee will inservice CNA's on completion of bed bath procedures during general orientation. IV. How the facility plans to monitor its performance to make sure those solutions are sustained. The Maintenance Supervisor will monitor through environmental rounds on a random daily basis to assure that the facility's water temperature are maintained between 110 to</p>		

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	<p>to get."</p> <p>4. The record of Resident D was reviewed on 3/09/11 at 10:45 a.m.</p> <p>Diagnoses included, but were not limited to, hypertension, coronary artery disease, and multiple sclerosis.</p> <p>A review of nurse's notes from admission to 3/09/11, indicated Resident D was alert, oriented, and able to make her wants and needs known.</p> <p>Resident D was interviewed on 3/09/11 at 9:00 a.m., and again on 3/09/11 at 1:45 p.m. She indicated she was able to ambulate to the bathroom and take care of her personal needs. She stated "There's never enough hot water. It's lukewarm all the time. I told them but they don't do anything." She was unable to recall who she had told about this problem. She indicated using lukewarm water for care was uncomfortable.</p> <p>5. The record of Resident E was reviewed on 3/09/11 at 11:30 a.m.</p> <p>Diagnoses included, but were not limited to, a history of cerebral vascular accident (stroke), hypertension, and diabetes mellitus.</p>				<p>120 degrees Fahrenheit. The data will be reviewed monthly for 3 months and then quarterly at the Performance Improvement Committee Meeting. The Administrator is responsible for the overall compliance. Resident Council meetings held monthly will be used to monitor performance. V. Completion Date: 3/28/2011</p>		

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	<p>A review of nurse's notes from admission to 3/09/11, indicated Resident E was alert, oriented, and able to make her wants and needs known.</p> <p>Resident E was interviewed on 3/09/11 at 9:00 a.m., and again on 3/09/11 at 1:45 p.m. She indicated she was able to ambulate to the bathroom and take care of her personal needs. She stated "The water in the bathroom is always cool. There's never really hot water." She indicated using lukewarm water for care was "unpleasant."</p> <p>6. The record of Resident F was reviewed on 3/09/11 at 2:30 p.m.</p> <p>Diagnoses included, but were not limited to, diabetes mellitus, paraplegia, hypertension, a history of multiple pressure sores, and bilateral above the knee amputations.</p> <p>A review of nurse's notes from admission to 3/09/11 indicated Resident E was alert, oriented, and able to make his wants and needs known.</p> <p>Resident F was interviewed on 3/09/11 at 1:40 p.m. He indicated he was bed bound and relied on staff to give him bed baths.</p>						

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	<p>He indicated the water used for his bath was often "cool or warm at best." He indicated that if he received his bath early in the morning, "by 6:00 or 6:30 or so" the water would be hot, but "if it's after 11:00 or 11:30 it's going to be cold." Resident F indicated a warm bath helped him "feel better all over."</p> <p>This Federal tag relates to complaint IN00086031.</p> <p>3.1-19(f)</p>						